



WALLENPAUPACK AREA SCHOOL DISTRICT

Michael R. Silsby
Superintendent

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Physician Concussion Intervention Recommendation Form

Wallenpaupack Area Schools				
High School 2552 Rt. 6 Hawley, PA 18428 Fax: (570) 251-3187	Middle School 139 Atlantic Ave Hawley, PA 18428 Fax: (570) 251-3165	North Intermediate 187 Atlantic Ave Hawley, PA 18428 Fax: (570) 226-1976	South Elementary 989 Main Street Newfoundland, PA 18445 Fax: (570) 676-3389	North Primary 158 Atlantic Ave. Hawley PA 18428 Fax: (570) 251-3151

Student:		Date of Concussion:	
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Date of Assessment:		Date of Follow-up Appointment:	
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Physician:		Telephone Number:	
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Current Presenting Symptoms (circle, check, or add):

Physical		Thinking	Emotional	Sleep
Headaches	Light Sensitivity	Mentally Foggy	Irritability	Drowsiness
Nausea	Noise Sensitivity	Problems Concentrating	Sadness	Sleeping more than usual
Vomiting	Numbness/ Tingling	Problems Remembering	Nervousness	Sleeping less than usual
Dizziness	Visual Problems	Slow Processing	Emotionality	Trouble falling asleep
Fatigue	Balance Problems			

Physical Activity Recommendations (check one)

- No physical exertion/athletics/gym/recess
- Walking in PE class/recess only
- Other _____

Please indicate the "Phase" of Concussion Intervention you feel is required for the student at this time due to the severity of the concussion and current presentation of symptoms:

NO CONCUSSION INTERVENTIONS REQUIRED

PHASE 1: NO SCHOOL

Interventions may include: no school work, no activities that exacerbate symptoms.

PHASE 2: HALF-DAY ATTENDANCE WITH ACADEMIC ACCOMMODATIONS

Interventions may include: focus on core subjects (prioritization of classes) ... which to attend and how often), student allowed to leave the classroom if/when symptoms return, extended time on all tests/quizzes, no makeup work, nonessential coursework eliminated, no homework, no tests/quizzes, provide class notes to student (can be teacher's prepared notes or a copy of a fellow student's notes), limited screen time in classroom, student allowed to leave class shortly before bell rings so as to not be exposed to the noise and confusion of the passing periods.

PHASE 3: FULL-DAY ATTENDANCE WITH ACADEMIC ACCOMMODATIONS

Interventions may include: continue to prioritize core subjects, gradually increase amount of homework, no tests/quizzes, student allowed to leave the classroom if/when symptoms return, nonessential coursework eliminated, notes provided, iPad use in classroom limited, student allowed to leave class shortly before bell rings so as to not be exposed to the noise and confusion of the passing periods.

PHASE 4: FULL-DAY ATTENDANCE WITHOUT ACADEMIC ACCOMMODATIONS

Full participation in classroom activities (discussions, group work, homework, tests/quizzes/projects). No make-up work requirements during this phase.

PHASE 5: FULL-DAY SCHOOL PARTICIPATION AND COMPLETION OF MAKE-UP WORK

Interventions may include: construct "make-up" plan and timeline. The timeline for make-up work is individualized and requires patience on the part of the student, parents, and teachers. Each teacher should supply the student with a complete list of what the teacher expects the student to make up. (Per Phase 2 and 3. The student should be required to make up all tests/exams and those quizzes/assignments that the teacher deems essential in order to receive credit for the course.) Considering the demands of his current workload, the student and his academic advisor should construct a make-up plan that is manageable. Students should be given ample time to prepare for the make-up tests/quizzes/exams. Students should begin making up work slowly, initially taking perhaps just one major make-up test per week. Taking more than one major make-up test/quiz per day is strongly discouraged. The emphasis is on good performance and a positive outcome, so the make-up work should be scheduled as the student feels prepared. Once a test/quiz/exam is taken, the grade will stand; "re-do's" are not permissible.

PHASE DURATION: Beginning Date: _____ Anticipated Ending Date: _____

Physicians Signature: _____ Date: _____

Consent to contact Physician given by:

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

*****IF STUDENT IS ALSO AN ATHLETE, PLEASE COMPLETE PAGES 3 and 4*****

Gfeller-Waller Concussion Clearance --- NCHSAA Return to Play Form

All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011---147, House Bill 792 Gfeller---Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Form.)

INJURY HISTORY

Person Completing Injury History Section (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent

Date of Injury _____ Name of person completing form: _____ □

Following the injury, did the athlete experience:	Circle one	Duration (write number/ circle appropriate)	Comments
<i>Loss of consciousness or unresponsiveness?</i>	YES NO	minutes / hours	
<i>Seizure or convulsive activity?</i>	YES NO	minutes / hours	
<i>Balance problems/unsteadiness?</i>	YES NO	hrs / days / weeks /continues	
<i>Dizziness?</i>	YES NO	hrs / days / weeks /continues	
<i>Headache?</i>	YES NO	hrs / days / weeks /continues	
<i>Nausea?</i>	YES NO	hrs / days / weeks /continues	
<i>Emotional Instability (abnormal laughing, crying, anger?)</i>	YES NO	hrs / days / weeks/ continues	
<i>Confusion?</i>	YES NO	hrs / days / weeks /continues	
<i>Difficulty concentrating?</i>	YES NO	hrs / days / weeks /continues	
<i>Vision problems?</i>	YES NO	hrs / days / weeks /continues	
<i>Other</i>	YES NO		

Describe the injury, or give additional details:

Gradual Return to Play Plan

Once the athlete is completely symptom free at rest, and has no symptoms with cognitive stress (i.e. reading or school work), a gradual return to play progression can be started. All players must complete a Return to Play Protocol that proceeds in a step wise fashion with gradual, progressive stages. This begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary cycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition. Monitoring of acute signs/ symptoms during the activity, and delayed symptoms at 24 hours post activity should be conducted. It is important that athletes pay careful attention to note any recurrence of symptoms (headache, dizziness, vision problems, lack of coordination, etc.) both during and in the minutes to hours after each stage. After supervised completion of each stage without recurrence of symptoms, athletes are advanced to the next stage of activity. An athlete should ONLY be progressed to the next stage if they do not experience any symptoms at the present level. If their symptoms recur, they must stop and rest. Once symptom free, the athlete returns to the previous stage of the protocol that they completed without recurrence of symptoms. If an athlete has to “rev start” twice, consultation with a healthcare provider is suggested.

An example of a Return To Play protocol is found below:

STAGE	EXERCISE	DATE	COMPLETED/COMMENTS	SUPERVISED BY:
1	20 to 30 min of cardio activity: walking, stationary bike. Weightlifting at light intensity (no bench, no squat): low weight, high reps. Goal: 30v 40% of maximum HR			
2	30 min of cardio activity: jogging at medium pace. Sit ups, push ups, lunge walks x 25 each. Weightlifting at moderate intensity. Goal: 40 60% of maximum HR			
3	30 minutes of cardio activity: running at fast pace. Sit ups, push ups, lunge walks x 50 each. Sport specific agility drills in three planes of movement. Resume regular weightlifting routine. Goal 60v 80% of maximum HR			
4	Participate in non contact practice drills. Warm up and stretch x 10 minutes. Intense, non contact, sport specific agility drills x 60 minutes. Goal 80 to 100% of maximum HR			
5	Participate in controlled contact practice.			
6	Resume full participation in competition.			

Return to Play Date: _____

Physicians Signature: _____ Date: _____

Consent to contact Physician given by:

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____